

QUESTIONNAIRE

General location of the project in relation to the City of Springfield:								
								
Project contact person:								
Name:								
Mailing address:								
Daytime phone number:								
Email:								
What is the proposed number of tre	ees to be planted?							
What are the goals of your Neighbo	orWoods project ar	nd how will it benefit your community?						
								
Are all participants willing to comm	it with a signature t	that they accept the responsibility to maintain the						
tree(s) for a 3 year period? Please	_							
area(e) for a e year period. I lease		willing.						
	YES	NO						
5								
Please provide your maintenance p	plan for this project	t.						
								
How did you hear about the Neighl	oorWoods Program	n?						
								



TREE PERMIT

Public Works Department/Urban Forestry APPLICATION FOR PERMIT TO PLANT A TREE ON CITY PROPERTY

Applican	t name:						_			
Applican	t address	:								
Email:Phone number:										
Planting	site addre	ess:					· · · · · · · · · · · · · · · · · · ·			
Use this Minimum	space to	draw a go	eneral pictu	Site Map	property ar					ce #2
It shall be used traffic signal Street Tree Mature Height	unlawful for	any person	roce from im to plant or ca tersection than Private Drive Edge	use to be p	lanted any stre um distance sh Street	eet tree close nown from su Alley Right-of- Way	r to any curb ich improven Fire Hydrant	o, alley, prinents in th Utility Pole	ivate drive, str ne following tal Utility Line	under- ground Utility Access
ft. 2 to 25	3	3	6	30	40	15	10	10	0	10
26 to 30		6	8	30	40	15	10	10	10	10
Over 30	10	10	12	30	40	15	10	10	25	10
Applicar	nt agrees Provid	ity purchato: to: le 3 years he City to	s of waterir problems	ng and ma	on public ri aintenance t ree during t D	for the nev	vly planted	d tree.	·).

Please return to: NeighborWoods Coordinator 1010 W. Chestnut St. Springfield, MO 65802, or scan and e-mail to NeighborWoods@springfieldmo.gov